

Agency Benefits Coordinator Meeting Edison Benefits Enrollment

Password Reset



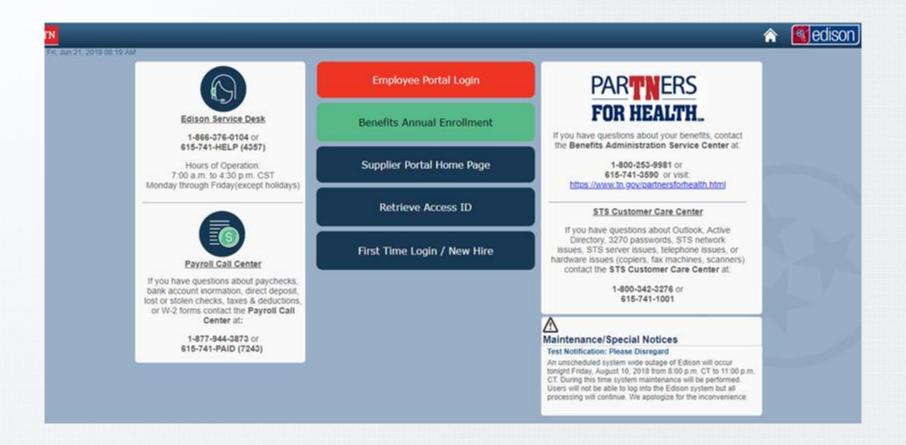


Password reset: Current Front Page



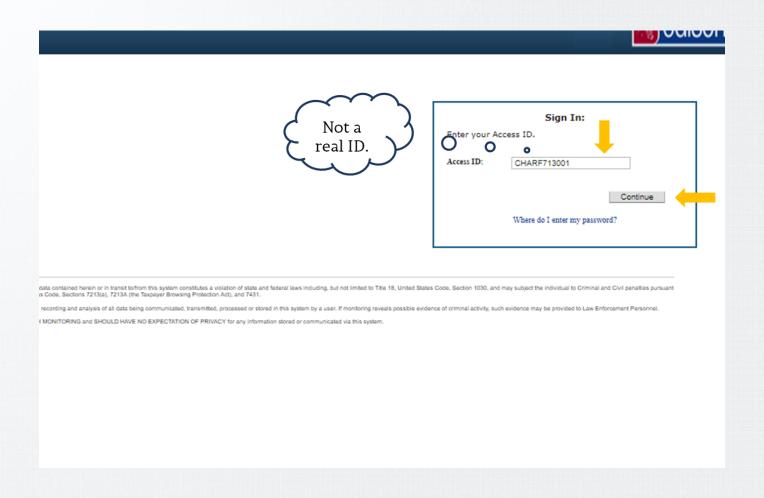


New Front Page





Standard Sign In Page

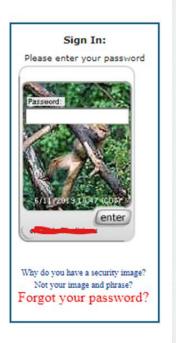




Password Page

Security features, both randomly generated when first selecting password:

- Image
- Two Word Phrase



system constitutes a violation of state and federal laws including, but not limited to Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant yer Browsing Protection Act), and 7431.

municated, transmitted, processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

PECTATION OF PRIVACY for any information stored or communicated via this system.

Password Reset

- Make sure your employees' emails are up-to-date in Edison before Annual Enrollment!
- Enter temporary password.
- · Image and two-word phrase will stay the same.

An email was sent to you with a one-time password. Please retrieve the password from the email account that you set up for one-time passwords and enter it on your personalized security image below.

You will need to keep this page open while you retrieve your temporary password from your e-mail and then enter it here.



Click this link to learn about the importance of your security image.

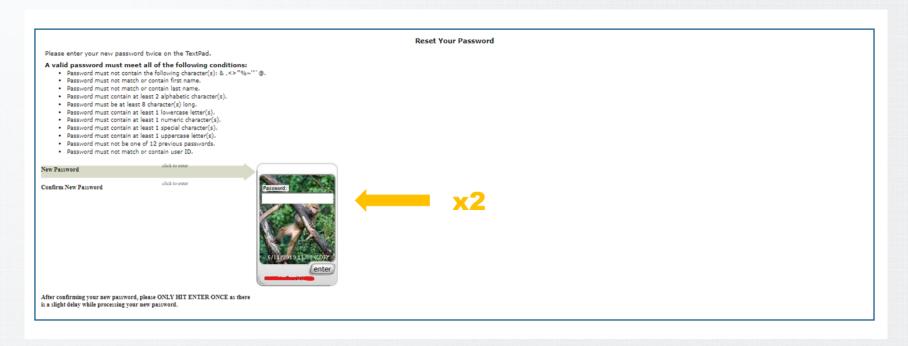
Why do you have a security image?

Did not receive One-Time Password? Click again to resend.



Select a New Password

- Do: Enter new password twice
- Do not: Hit enter more than once when you are done!



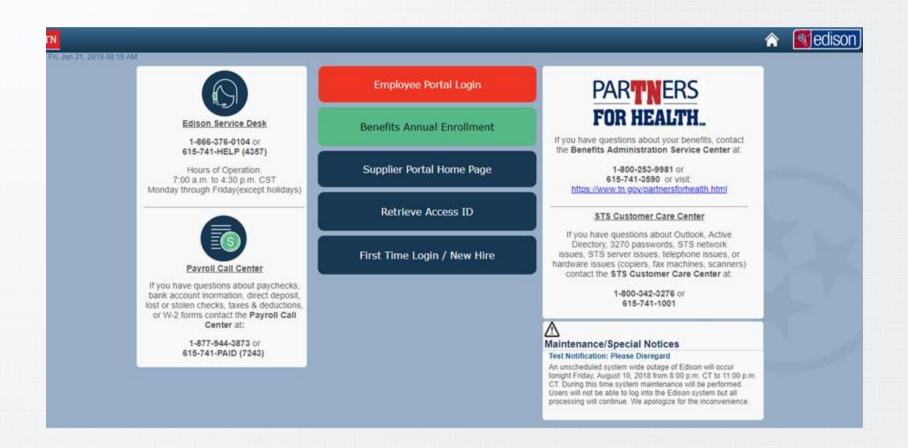


Benefits Annual Enrollment





New Front Page





Log In: Options



Welcome!

Existing User? Click Login

Don't know your Access ID? Click the Retrieve Access ID button.

New Employee or First Time User? Click the New Hire / First Time Login button. Have your 8-digit Employee ID ready.

Forgot Your Password? Click the Help Resetting Password button.

Having trouble signing in?

For Local Education, Higher Education, or Local Government Employees contact:

Benefits Administration

hone: 800-253-9981 or 615-741-3590

Hours of Operation: Monday - Friday, 8:00a.m. - 4:30p.m. CT

E-mail: Benefits.Administration@tn.gov

State of Tennessee Benefits Open Enrollment

Login

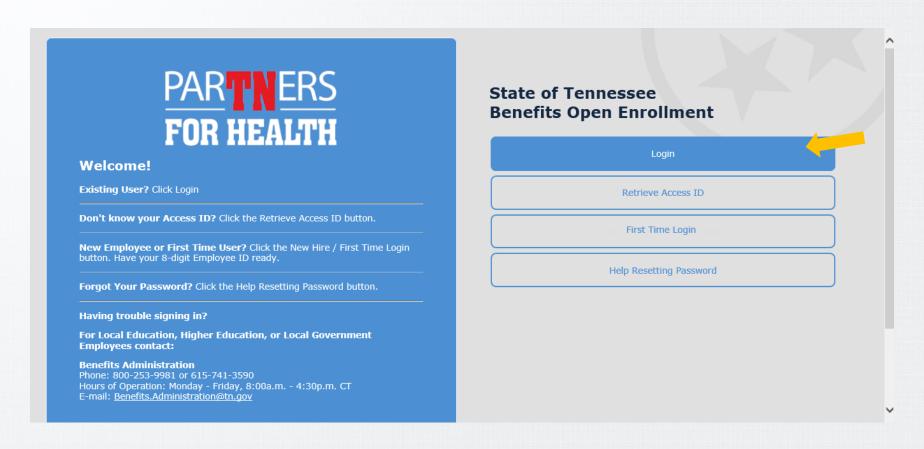
Retrieve Access ID

First Time Login

Help Resetting Password

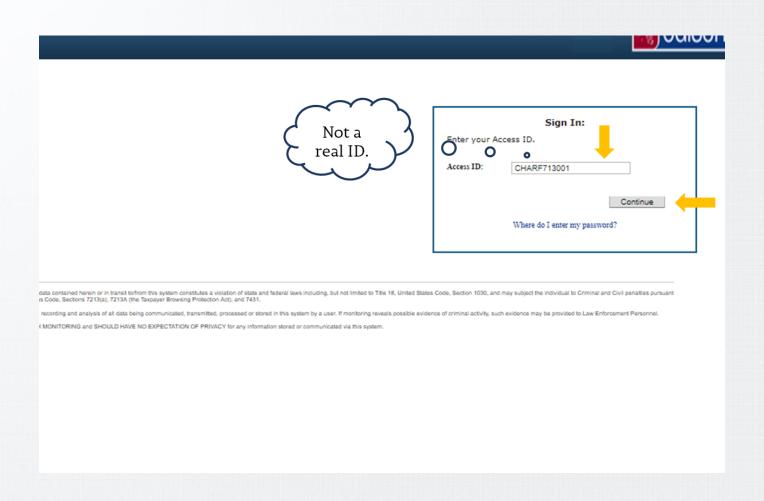


Option One: Already Know Information



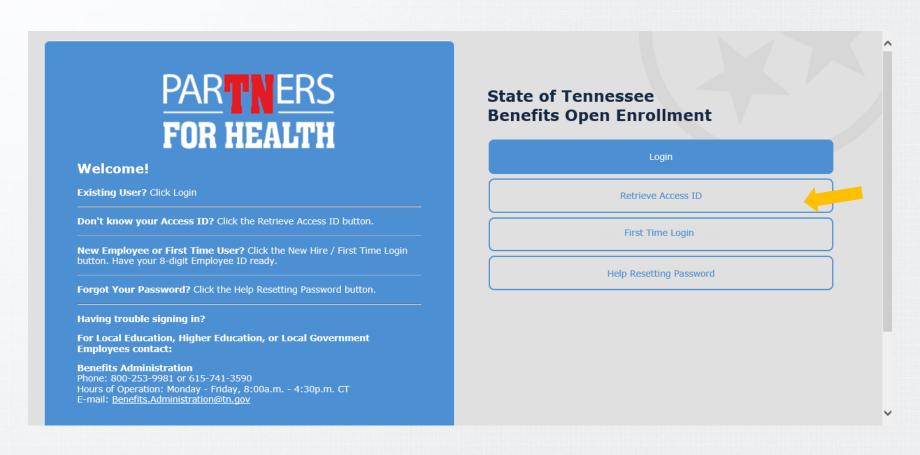


Option One: Already Know Information



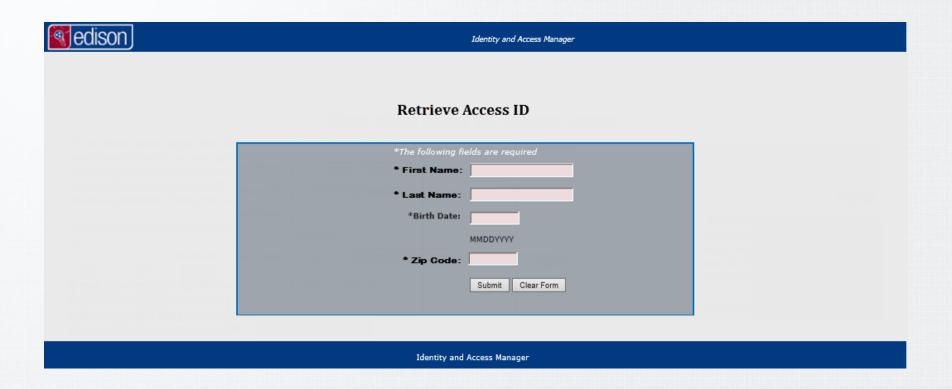


Option Two: Need to Retrieve Access ID



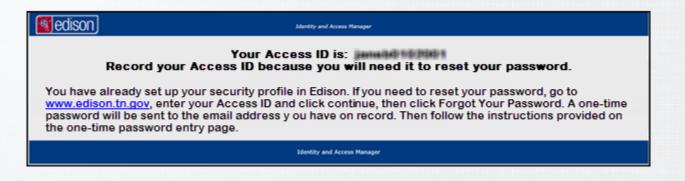


Option Two: Need to Retrieve Access ID



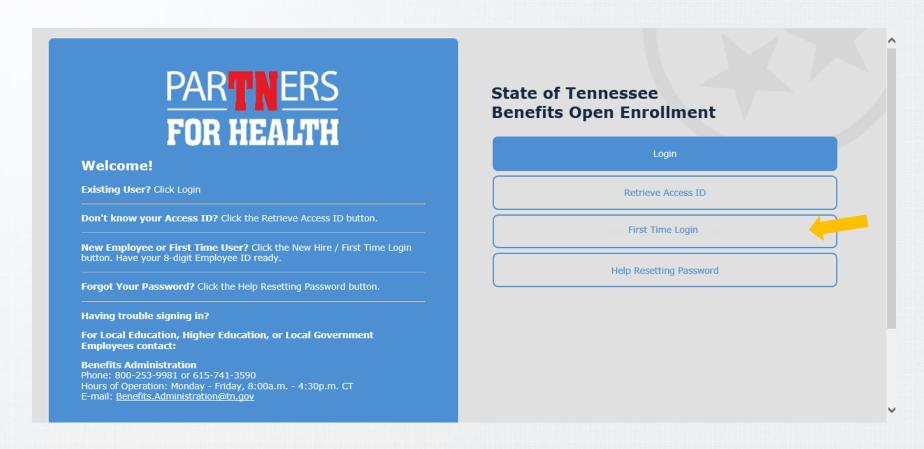


Option Two: Need to Retrieve Access ID



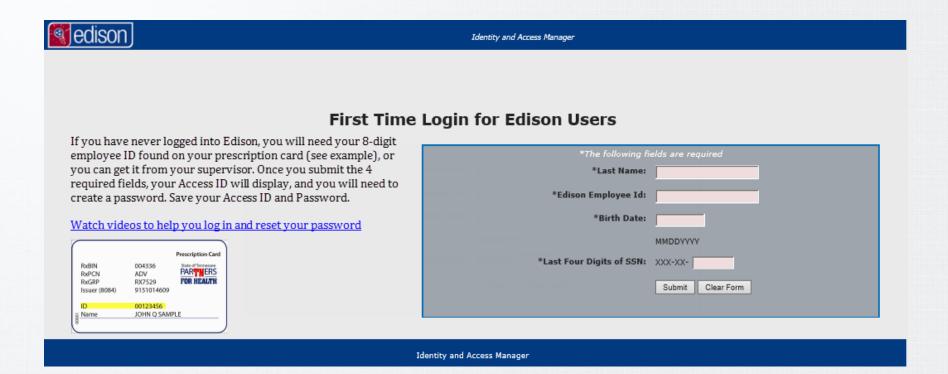


Option Three: New Hire/First Time



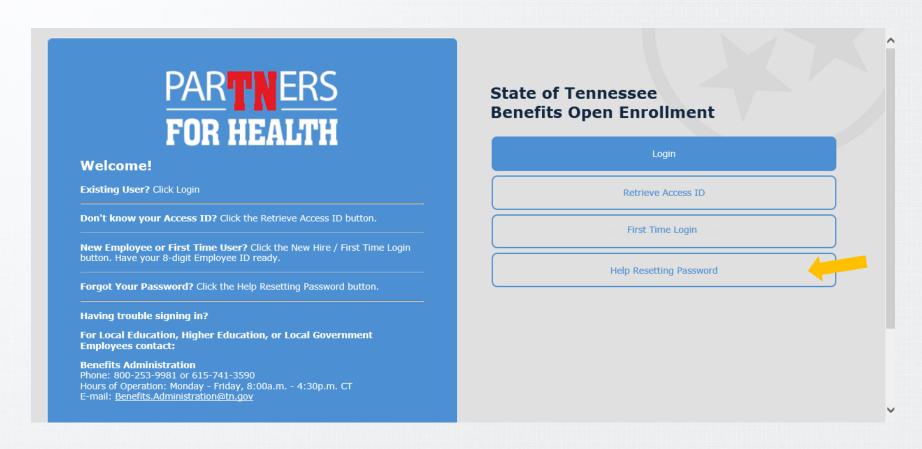


Option Three: New Hire/First Time





Option Four: Help Resetting Password





Option Four: Help Resetting Password





User ID vs Access ID: What's the difference?





User ID vs. Access ID

 When it comes to Edison, the terms mean exactly the same thing.



• Higher Education (which has its own user ID) is different than the Edison ID.



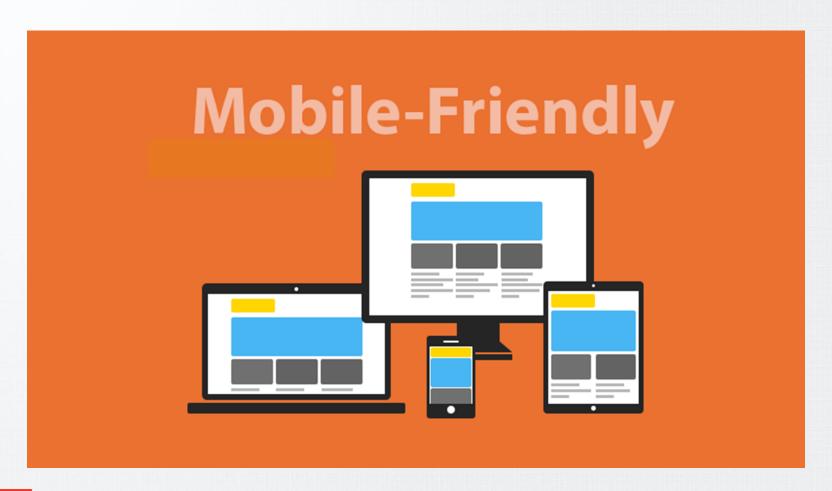


Going Mobile for Annual Enrollment



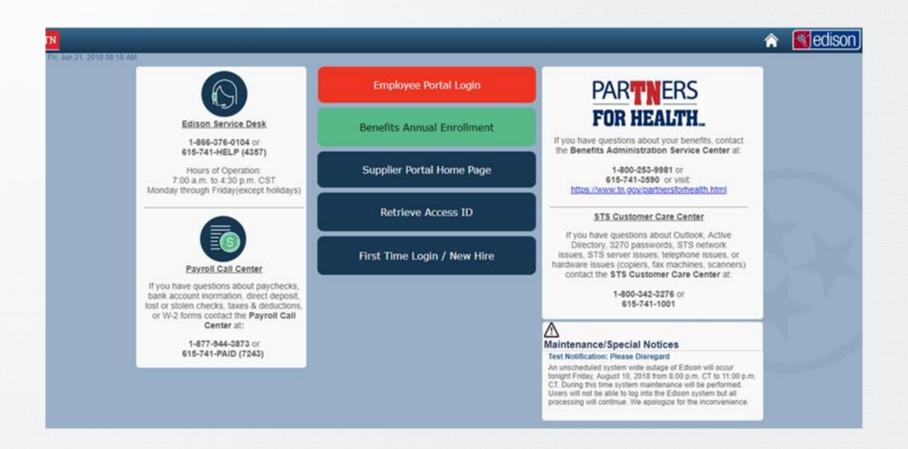


What is Mobile-Friendly?



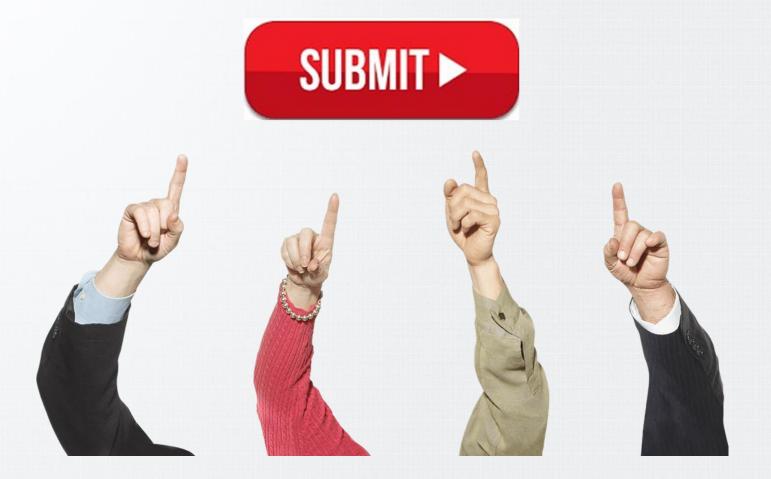


What does this mean for Annual Enrollment?





ALWAYS HIT SUBMIT ENROLLMENT!





User Experience

- Edison Home Page may look different on a computer than it does on a mobile device
- When you log in, the system will know what type of device you are on and will optimize the home page based on that device

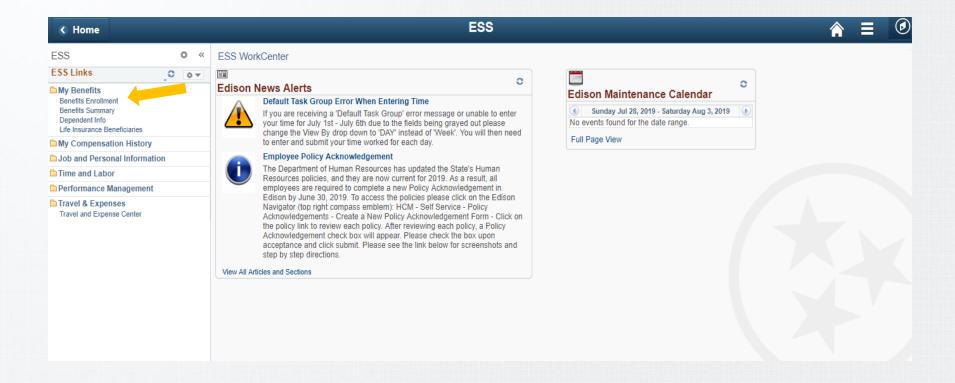


How to Enroll in Edison (Computer)



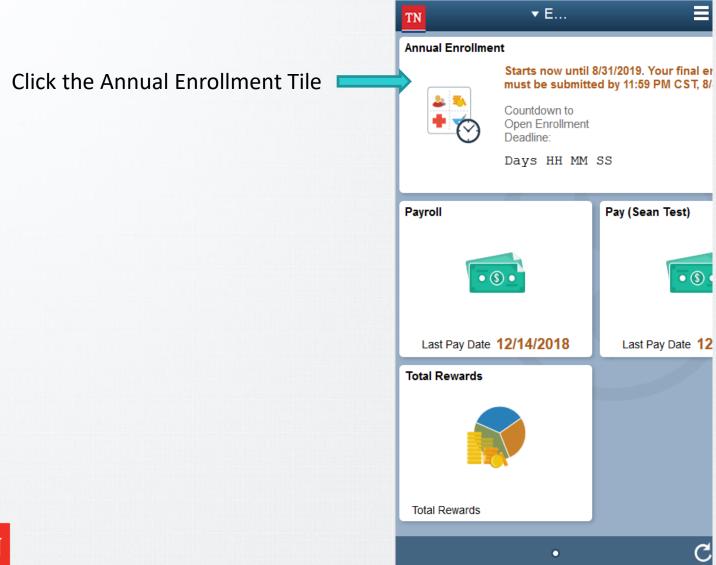


Employee WorkCenter (Computer)

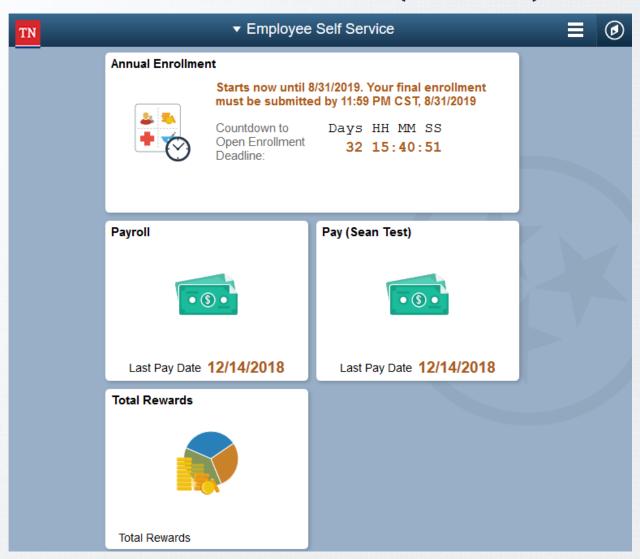




How to Enroll in Edison (Phone)



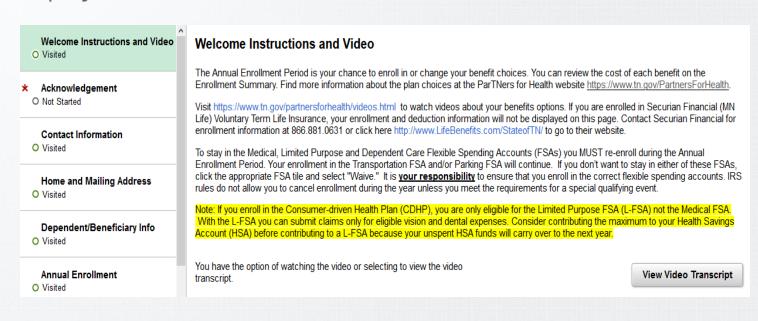
How to Enroll in Edison (Tablet)





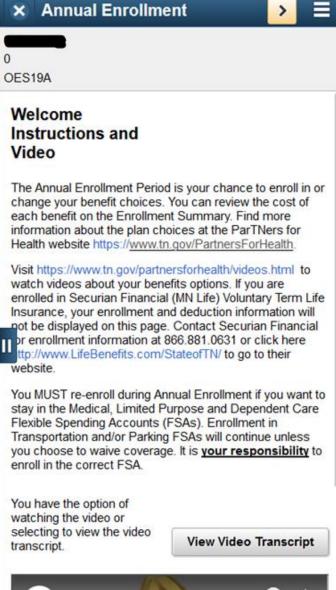
Front Page for Annual Enrollment (Computer)

 After logging in, and selecting Annual Enrollment, this is what an employee will see:

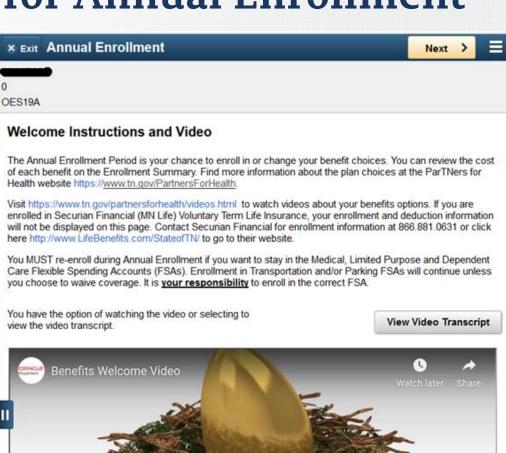




Front Page for Annual Enrollment (Phone) * Annual Enrollment > =



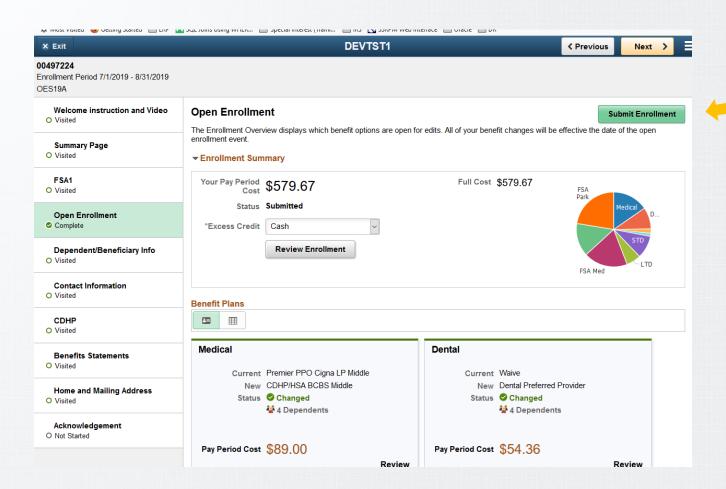
Front Page for Annual Enrollment (Tablet) * Exit Annual Enrollment Next >



Grow Your Nest Eg



Annual Enrollment





Medical Benefits

Medical Done Cancel The State provides a wide range of comprehensive and dependable coverage options. Find more information about your plan choices at the ParTNers for Health website https://www.tn.gov/partnersforhealth/ To learn more about the CDHP/HSA, please watch our video. To learn more about PPOs, please watch our video. **▼** Enroll Your Dependents This list shows the names of your dependents who may be eligible for coverage on our plans. Use the Add Dependent button to add new dependents to your list. Dependent verification will be required. Enroll anyone on this list by checking the box next to the dependent's name. To drop a dependent from coverage, uncheck the box next to the name. Dependents Relationship ~ Stephanie Lynn Brookes Spouse ~ Vickie Gilliam Natural Child \checkmark my son Natural Child my daughter Natural Child Add Dependent

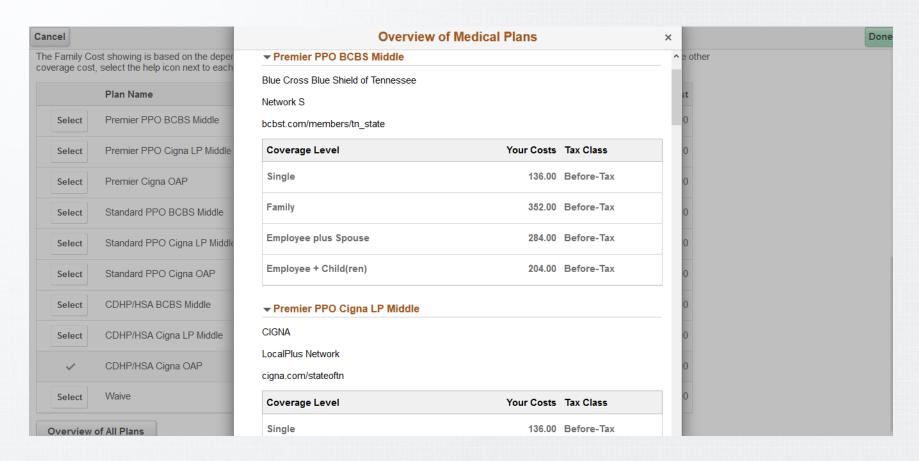


Medical Benefits, continued



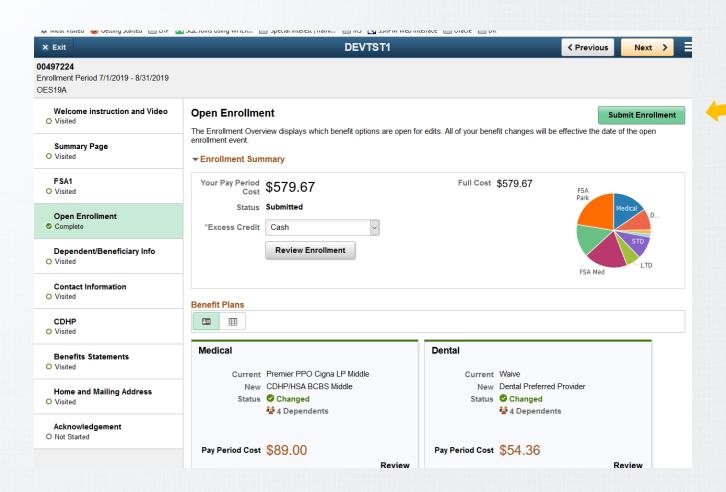
ancel	Medical						
Add Deper	ndent						
Enroll in							
nportant! You	ur current coverage is: Employee plus 1 w						
	Plan Name	Cost (Bef	ore Tax) Cost (After Tax)	Pay Period Cost			
Select	Premier PPO BCBS Middle	•	\$284.00	\$284.00			
Select	Premier PPO Cigna LP Middle	•	\$284.00	\$284.00			
Select	Premier Cigna OAP	0	\$364.00	\$364.00			
Select	Standard PPO BCBS Middle	0	\$195.00	\$195.00			
Select	Standard PPO Cigna LP Middle	•	\$195.00	\$195.00			
Select	Standard PPO Cigna OAP	0	\$275.00	\$275.00			
Select	CDHP/HSA BCBS Middle	0	\$125.00	\$125.00			
~	CDHP/HSA Cigna LP Middle	•	\$125.00	\$125.00			
Select	CDHP/HSA Cigna OAP	•	\$205.00	\$205.00			
Select	Waive			\$0.00			
Overview	of All Plans						

Overview of Medical Plans





Annual Enrollment



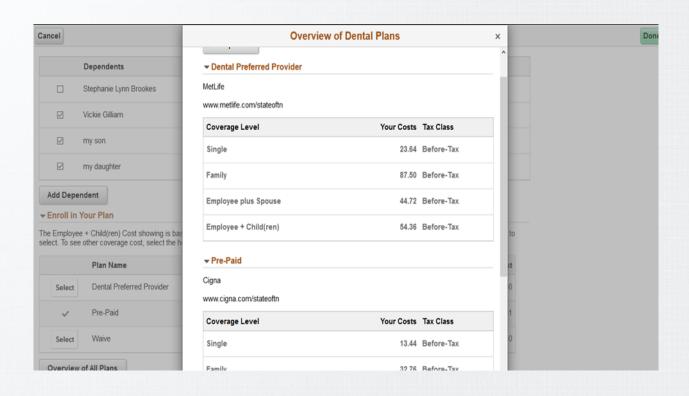


Dental Benefits

Cancel	Der	ntal	Don
services.	Plans allow you and your dependents to have routine oral exams, cleanings and other dental about your dental options here: video.	care. See the MetLife and Cigna handbook for detailed	
▼ Enroll Y	our Dependents		
	ows the names of your dependents who may be eligible for coverage on our plans. Use the A verification will be required.	dd Dependent button to add new dependents to your list.	
Enroll anyo	ne on this list by checking the box next to the dependent's name. To drop a dependent from c	overage, uncheck the box next to the name.	
	Dependents	Relationship	
	Stephanie Lynn Brookes	Spouse	
\square	Vickie Gilliam	Natural Child	
\square	my son	Natural Child	
	my daughter	Natural Child	
Add Dep	pendent n Your Plan		1

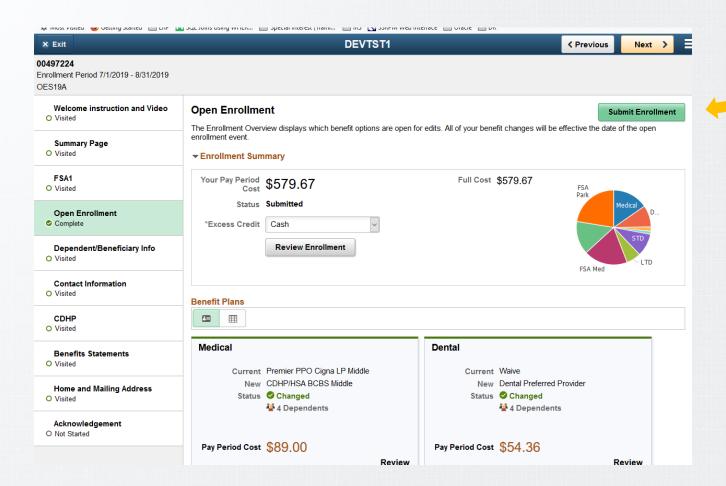


Overview of Dental Plans





Annual Enrollment



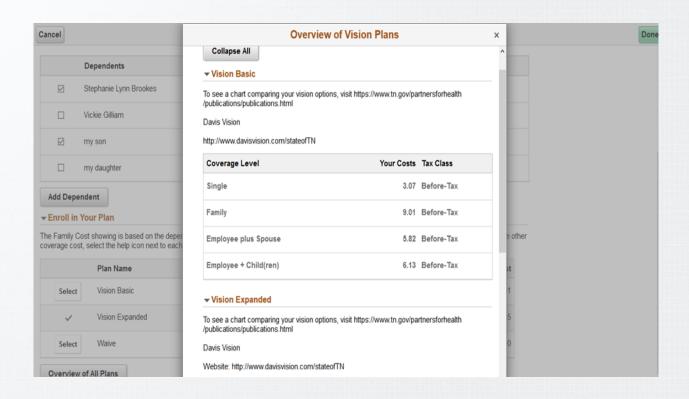


Vision Benefits

Cancel	1	/ision	Don
Vision cover	age allows you and your enrolled dependents to see an ophthalmologist, optometrist or	optician for your eye-care needs.	
	about your vision options here: video.		
▼ Enroll Y	our Dependents		_
	ws the names of your dependents who may be eligible for coverage on our plans. Use the required.	ne Add Dependent button to add new dependents to your list.	
Enroll anyon	e on this list by checking the box next to the dependent's name. To drop a dependent fro	m coverage, uncheck the box next to the name.	
			1
	Dependents	Relationship	
	Stephanie Lynn Brookes	Spouse	
	Vickie Gilliam	Natural Child	
	my son	Natural Child	
	my daughter	Natural Child	
Add Dep	endent		_

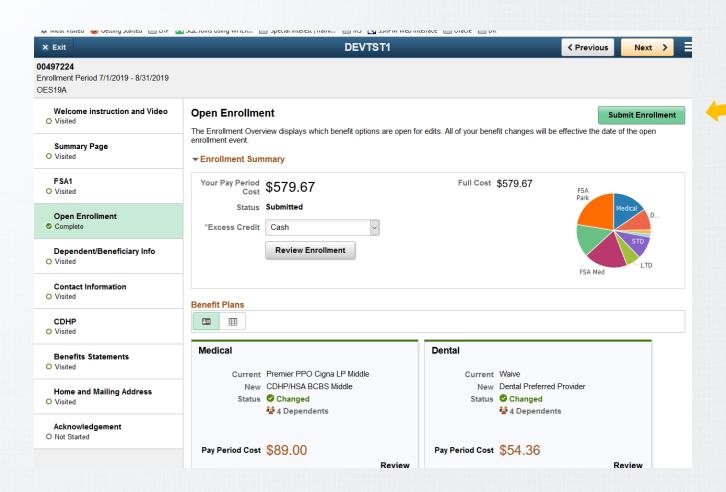


Vision Benefits





Annual Enrollment





Basic Life and AD&D

Cancel

Basic Life and AD&D

Done

Life insurance helps ensure that your family is financially secure in case of a death. This insurance plan includes Basic Term Life and Basic AD&D for you and for your dependents who are enrolled in your Medical insurance. You are required to make an enrollment choice for this program.

Choose the same Coverage Level you selected for Medical Insurance. Only employees who are NOT enrolled in one of our Medical plans may select Basic Life and ADD -- No Med.

If you are adding new coverage, you need to complete the beneficiary designation in Edison. You will be directed to that page at the end of the enrollment process. Remember to periodically review your beneficiary designations.

For an overview of the Basic Term Life and Basic AD&D plans, click here.

	Plan Name	Cost (Before Tax)	Cost (After Tax)	Pay Period Cost
Select	Basic Life and ADD No Med (\$20,000)			\$0.00
Select	Employee Basic Life and ADD (\$50,000)		\$5.94	\$5.94
~	Family Basic Life and ADD (\$50,000)		\$7.61	\$7.61
Select	EE + SP Basic Life and ADD (\$50,000)		\$7.30	\$7.30
Select	EE + CH Basic Life and ADD (\$50,000)		\$6.50	\$6.50



Voluntary AD&D

Cancel

Voluntary AD&D

D

This insurance plan provides coverage for death or dismemberment due to an accident. This coverage is in addition to the amount covered by your Basic Term Life and AD&D coverage. You may enroll yourself and your eligible dependents. You and your dependents do not have to be enrolled in medical insurance to enroll in the Voluntary AD&D insurance program.

Please select the correct Coverage Level below. If you are only covering yourself, select Single. If you are covering yourself and any dependents, select Family.

If you are adding new coverage, you need to complete the beneficiary designation in Edison. You will be directed to that page at the end of the enrollment process. Remember to periodically review your beneficiary designations.

See an overview of the Voluntary AD&D plan here.

	Plan Name	Cost (Before Tax)	Cost (After Tax)	Pay Period Cost
Select	Voluntary ADD Single (\$60,000)		\$1.08	\$1.08
~	Voluntary ADD Family (\$60,000)		\$1.26	\$1.26
Select	Waive			\$0.00



Short-Term Disability

Cancel

Short-Term Disability

Done

Short Term Disability (STD) insurance offers income protection if you can't work over a temporary period of time due to injury or illness. STD replaces a percentage of your pre-disability salary. Approved disability claims will be payable after you have satisfied the elimination period and exhausted all your accrued annual, sick, and comp leave. Benefits may be reduced by other sources of income, e.g. worker&s comp, unemployment insurance, sick leave bank. Find additional information on STD here: https://www.metlife.com/stateoftn

To apply for enrollment or choose a higher level of benefit if already enrolled, you must enroll (apply) in Edison. MetLife will mail you the Full Statement of Health Form which you must complete and return to MetLife by October 31. MetLife will determine your insurability based upon standard underwriting rules and notify you if your enrollment is approved. Learn more about Short Term Disability here: video.

	Plan Name	Proof of Coverage	Cost (Before Tax)	Cost (After Tax)	Pay Period Cost
Select	Short Term Disab A(60%/14 day)	Proof Required		\$47.34	\$47.34
Select	Short Term Disab B(60%/30 day)	Proof Required		\$38.16	\$38.16
~	Waive				\$0.00



Long-Term Disability

Cancel

Long-Term Disability

Done

Long Term Disability (LTD) insurance offers income protection if you can't work over an extended period of time due to injury or illness. LTD replaces a percentage of your pre-disability salary. Approved disability claims will be payable after you have satisfied the Elimination Period and exhausted all your accrued annual, sick, and comp leave and your Short Term Disability (STD) insurance benefits, if enrolled, have been paid. Benefits may be reduced by other sources of income, e.g. worker&s comp, unemployment insurance, sick leave bank. You should not enroll in LTD Option 1 or LTD Option 3 if you enroll in STD because the 26-week STD will best cover the 180 day Elimination Period for your LTD. Find LTD information here: https://www.metife.com/stateoftn.

To apply for enrollment or choose a higher level of benefit if already enrolled, you must enroll (apply) in Edison. MetLife will mail you the Full Statement of Health Form which you must complete and return to MetLife by October 31. MetLife will determine your insurability based upon standard underwriting rules and notify you if your enrollment is approved.

Learn more about Long Term Disability here: video.

	Plan Name	Proof of Coverage	Cost (Before Tax)	Cost (After Tax)	Pay Period Cost
Select	Long Term Disab 1 (60%/90 day)	Proof Required		\$7.07	\$7.07
Select	Long Term Disab 2(60%/180 day)	Proof Required		\$5.65	\$5.65
Select	Long Term Disab 3 (63%/90 day)	Proof Required		\$8.48	\$8.48
Select	Long Term Disab 4(63%/180 day)	Proof Required		\$6.71	\$6.71
~	Waive				\$0.00



Flex Spending Medical

Flex Spending Medical Cancel Don A Medical Flexible Spending Account (FSA) allows you to pull money from your paycheck on a pre-tax basis to cover out-of-pocket medical, dental, and vision care expenses not covered by your health insurance plan. Use the funds in your Medical FSA to pay for eliqible healthcare expenses for you and your eliqible tax dependents (spouse and children). This account does NOT pay for childcare expenses. Click here for details on permissible medical expenses. Learn more about Flexible Spending Accounts here: video. Note: If you enroll in the CDHP/HSA you are not eligible for this plan. You may choose to enroll in the Limited Purpose FSA (L-FSA) instead. The L-FSA is only for eligible vision and dental expenses. If you are enrolling in the CDHP/HSA, click Discard Changes to go back to the menu and select L-FSA if you want to enroll in that plan. **▼** Enroll in Your Plan Plan Name Flex Spending Account Medical Waive Select ▼ Contribution Amount **Annual Pledge** Your annual pledge must not exceed \$2,700.00, which is the maximum amount allowed for this account in the current plan year. Flexible Spending Account Worksheet Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year



CDHP/HSA (State Only)



Health Savings Account

Done

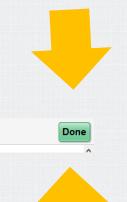
Health Savings Accounts (HSAs) allow you to save tax-free money towards current and future medical payments. Money rolls over each year and you may use your funds on qualified healthcare expenses for you, your spouse or your eligible dependents. State and Higher Education employees whose coverage in the CDHP starts before September 2nd will receive seed funds of \$250 (single coverage) or \$500 (family coverage). Note that your full HSA contribution is not available up front at the beginning of the year to spend and you may only spend funds that are available in your account at that time.

	Plan Name
Select	HSA BCBS East Requires enrollment to Medical CDHP/HSA BCBS East
Select	HSA BCBS Middle Requires enrollment to Medical CDHP/HSA BCBS Middle
Select	HSA BCBS West Requires enrollment to Medical CDHP/HSA BCBS West
Select	HSA Cigna East Requires enrollment to Medical CDHP/HSACigna LP East
Select	HSA Cigna Middle Requires enrollment to Medical CDHP/HSA Cigna LP Middle
Select	HSA Cigna West Requires enrollment to Medical CDHP/HSA Cigna LP



Remember:

Don't forget to hit done!



Cancel

Medical



FSA Acknowledgement

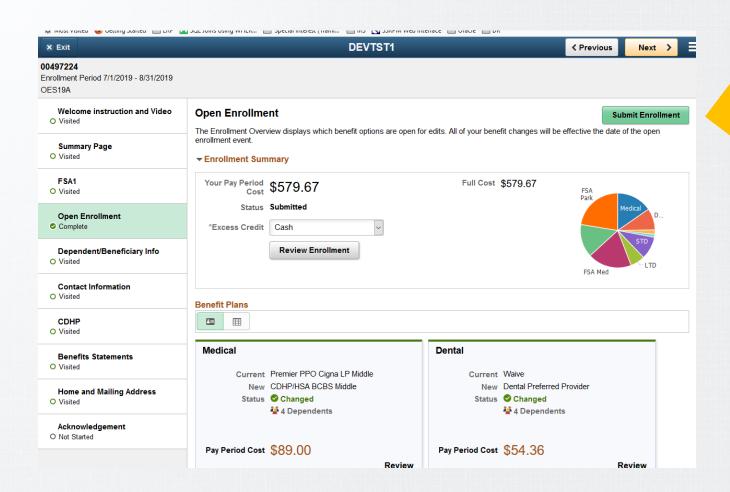
FSA Acknowledgement CONSENT TO PAYROLL DEDUCTIONS FOR UNSUBSTANTIATED EXPENSES MADE BY FSA AND LIMITED PURPOSE FSA (L-FSA) DEBIT CARD USERS FSA and L-FSA debit card holders are required to provide proof that expenses paid for with the debit card are covered expenses permitted by the FSA program. This is called "substantiation." The State's authorized contractor may send requests for substantiation to plan members. The State cannot support the FSA program if employees fail to substantiate purchases on that card. Therefore, FSA and L-FSA debit card holders must consent to the State making deductions from their wages to repay expenses that cardholders fail to substantiate. Signature of this form is voluntary and no employee will be subject to employment based sanctions or termination from the FSA program for failure to sign. However, if a member refuses to sign it, the member will not be allowed to enroll in the FSA or L-FSA beginning 1/1/20. All members who enroll in the FSA or L-FSA will receive a debit card, but are not required to use it; participants may pay for qualified expenses out of pocket and file a claim with the State's authorized contractor for reimbursement. I hereby agree that the State may deduct from my pay the amount of any expenses that remain unsubstantiated thirty (30) days after the plan runout period and that authorization of payroll deduction is a condition for participating in a FSA or L-FSA. The State will provide notice of such deductions 14 days before the date of payment of your wages as required by TCA § 50-2-110. ☐ I Agree By clicking this box I am indicating my consent to the terms and conditions of this agreement: Consent to Payroll Deductions for Unsubstantiated Expenses Made by FSA Debit Card Users.



CDHP Acknowledgement Page

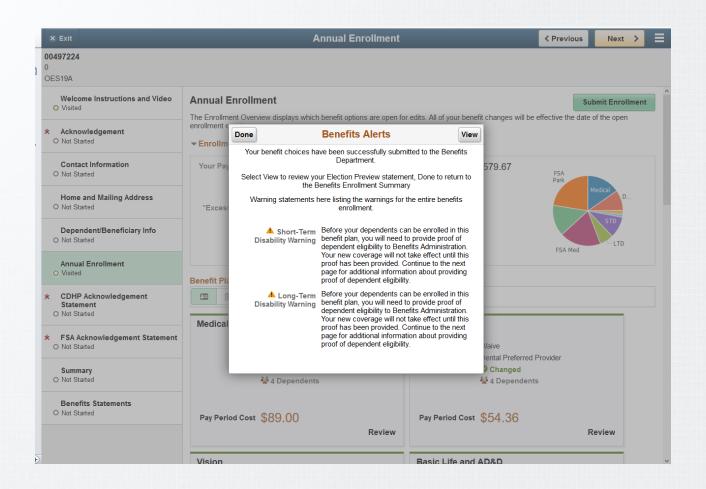
Welcome Instructions and Video O Visited	CDHP Acknowledgement
Phone Numbers O Not Started	CDHP Terms and Conditions
Home and Mailing Address O Visited	I recognize that by enrolling in the CDHP a Health Savings Account (HSA) will be opened for me. I certify that I am eligible for a HSA. If I fail to remain eligible for a HSA I agree to take immediate steps to close the HSA. I also recognize that I am responsible for certain fees (shown below) related to the HSA. In addition, I understand that as long as I am actively enrolled in the state group health plans as an employee or retiree that the State of Tennesse
Dependent Information O Not Started	will pay my monthly HSA administrative fee. However, if I terminate employment and do not enroll in retiree health insurance, or enroll in COBRA and continue to keep my HSA open, the monthly administrative fee will be deducted from my HSA.
	To be an eligible individual and qualify for a HSA, you must meet the following requirements:
Annual Enrollment O Not Started	 You must be covered under a high deductible health plan/consumer driven health plan (HDHP/CDHP) on the first day of the month You have no other coverage except what is permitted under Other health coverage (below) You are not enrolled in Medicare or other government insurance program
CDUD Aslandadasana	You cannot be claimed as a dependent on someone else's tax return
CDHP Acknowledgement In Progress	 You cannot be covered by a general purpose FSA or an HRA through either your employment or your spouse. This means that if your spouse works elsewhere and enrolls in an FSA then you may not enroll in the CDHP option and contribute to an HSA. (Note: this does not apply to certain limited purpose flexible spending accounts for vision and dental expenses only, deepnt care FSAs.
Summary Page O Not Started	parking/transportation FSAs.) You have not received benefits from the Veteran's Administration (VA) in the past three months unless the care was received for a service-connected disability (and it must be a disability)
Benefits Statements O Not Started	Other employee health plans. An employee covered by a HDHP/CDHP and a medical FSA or an HRA that pays or reimburses qualified medic expenses generally cannot make contributions to a HSA.
	Other health coverage. To be eligible for a HSA you (and your spouse, if you have family coverage) generally cannot have any other health coverage that is not a HDHP/CDHP. However, you can still be an eligible individual even if your spouse has non-HDHP/CDHP coverage provided you are not covered by that plan.
	You can have additional insurance that provides benefits only for the following items.
	Liabilities incurred under workers' compensation laws, tort liabilities, or liabilities related to ownership or use of property
	A specific disease or illness A fixed amount per day (or other period) of hospitalization
	You can also have coverage (whether provided through insurance or otherwise) for the following items.
	Accidents
	Disability
	Dental care Vision care Long-term care
	Member Fee Schedule:
	Non-Sufficient Funds (NSF) Fee (overdraft) - \$25.00 per instance Deposit Item Returned - \$25.00 per instance Stop Payment - \$25.00 per check Wire Transfer - \$15.00 per instance
	For more information see IRS publication 969 by copy and pasting the link below into another browser window: http://www.irs.gov/publications/p969/ar02.html#en_US_2014_publink1000204039
	Lunderstand and agree to the terms and conditions if Lenroll in a CDHP Medical plan.
	□IAgree
	Save

After enrollment choices have been made:



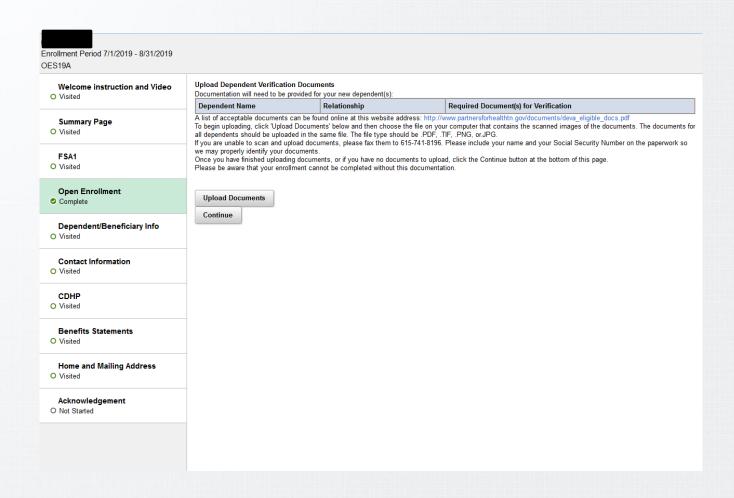


Enrollment Alerts



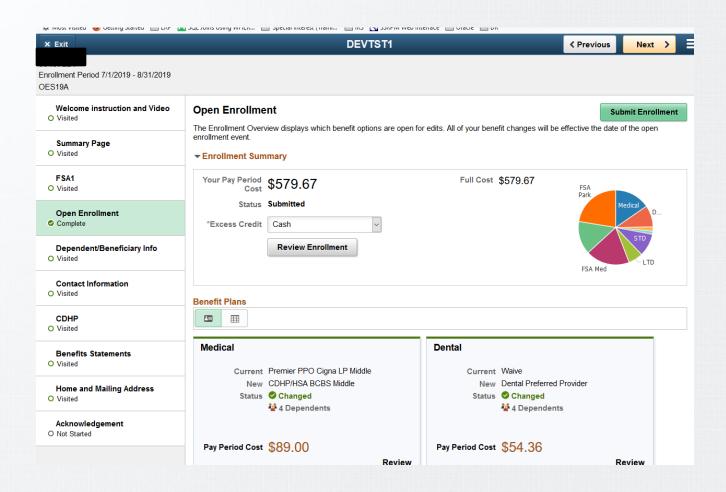


Upload Documents





Annual Enrollment Page





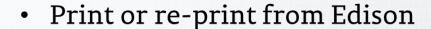
Confirmation Statements: Updated

Confirm Request



New Updates

• Statements getting a new look



· Preview them before submitting











Email Confirmation Statement





Confirmation Statement Starting this year

GLOBAL BUSINESS INSTITUTE

GBI US Fulltime Benefits Program

ELECTIONS PREVIEW

OPEN ENROLLMENT Event Date: 01/01/2017

Antonio Santos

Administrative Assistant

Employee ID: KU0010

This election preview records your benefit selections, costs, dependent information, and beneficiary Information as of the time you review this statement. If you have not submitted your election, you can return to this event before the enrollment period ends. Contact your benefits administrator if you have further questions. Please keep a copy of this form for your records.

PERSONAL INFORMATION

Home Address 4689 Z Street, Sacramento, CA 94246 Mailing Address 4689 Z Street, Sacramento, CA 94246

Email Address antonio.santos@oracle.com

Gender Male
Marital Status Married
Birthdate 1963-03-09
Service Date 2010-07-15

COST SUMMARY	AMOUNT
Total Cost	\$ 164.98
Minus Flexible Credits	\$ -109.48
Total Pay Period Deduction From Pay	\$ 57.50
Total Cost	164.98
Minus Flexible Credits	-109.48
Total Pay Period Deduction From Pay	57.50

ELECTION SUMMARY			
Benefit	Coverage	Category Base	Your Pay Period Cost
Enhanced Medical Plan	Family		\$ 71.54
Enhanced Dental	Family		\$ 4.13
Standard Vision Plan	Family		\$ 2.08
Basic Life		\$ 50,000	
Supplemental Life 2x Salary		\$ 133,000	\$ 2.46
AD and D 25K		\$ 25,000	\$ 0.06



Confirmation Statement continued

DEPENDENTS / BENI	EFICIARIES					
Name	Date of Birth	Relationship		Marital Status	Dependent	Beneficiary
Megan Santos	1965-10-12	Spouse		Married	Yes	Yes
Marguerite Santos	1992-03-18	Child		Single	Yes	No
Sean Santos	1998-09-17	Child		Single	Yes	No
Samuel Santos	2000-05-01	Child		Single	Yes	No
Megan Smith	1965-10-12	Spouse		Married	Yes	Yes
Marguerite Smith	1992-03-18	Child		Single	Yes	No
Sean Smith		Child				No
Sean Smith Samuel Smith	1998-09-17 2000-05-01	Child		Single	Yes Yes	No No
Samuel Simui	2000-03-01	Cmid		Single	ies	No
DEDEL'DEL'E CLID O						
DEPENDENTS ENRO	LLMENTS	D				
Benefit Option		Dependent				
Enhanced Medical Plan		Santos, Megan				
		Santos, Marguer	nte			
Enhanced Dental		Santos, Sean				
Ennanced Dental		Santos, Megan	ita a			
		Santos, Marguer Santos, Sean	ite			
Standard Vision Plan						
Standard Vision Plan		Santos, Megan				
		Santos, Marguer Santos, Sean	ite	~		
Enhanced Medical Plan		Smith, Megan				
Emianced Medical Plan		Smith, Margueri	ita .			
		Smith, Sean	ile			
Enhanced Dental		Smith, Megan				
Emianced Dentai		Smith, Margueri	h			
		Smith, Sean	ite			
Standard Vision Plan		Smith, Megan				
Standard Vision Plan		Smith, Margueri				
		Smith, Margueri Smith, Sean	ile			
		Smith, Sean				
BENEFICIARIES DES	SIGNATIONS					
		Primary Alloca	tion	Secondar	v Allocation	
Benefit	Beneficiary	Percent A	mount	Percent	Amount	Excess
Basic Life	Santos, Megan	100%				
Basic Life	Santos, Marguerite					
Basic Life	Santos, Sean					
Basic Life	Santos, Carissa					
Dependent Life	Santos, Megan	\$	4,000.00			
Dependent Life	Santos, Marguerite	\$	3,000.00			
Dependent Life	Santos, Sean	\$				
Basic Life	Smith, Megan	100	,			
Basic Life	Smith, Marguerite	25				
Basic Life	Smith, Sean	25				
Basic Life	Smith, Carissa	50				
Denendent Life	Smith Megan	4	000 00			



In Conclusion





- 1. There are ways to reset your password on Edison for Users.
- 2. New Logins/ New Hires can access Edison on their own.
- 3. Users can look up their Edison Access ID.
- 4. Access ID = User ID (synonyms!)
- 5. Mobile-Friendly Open Enrollment pages coming.
- 6. New ways to get confirmation statements.
- 7. <u>DON'T FORGET, ALWAYS</u> <u>HIT SUBMIT.</u>

